access to Afghanistan have visited the country in circumstances which have not enabled them to report on human rights issues."(2)

Moreover,in Afghanistan there has been no organization to protest against violation of human rights. The fact that the people of Afghanistan accept torture as an integral part of detention and consider the resistance to it a form of their national resistance indicates that the invaders and their installed government use torture as one of the various means to intimidate the people and break down thier resistance to invasion.

According to the reports given by these victims the number of those who are killed during torture is estimated to be high. Most of the ex-prisoners reported that one or two of their fellow inmates had been killed under torture.

The following resons back the reality of this estimation:-

(1) In Afghanistan there are no practical restrictions on investigators and torturers and no organization is authorized to investigate their acts. The Directorate of Khad "State Intelligence Service" is a completely independent organization.

(2) In most countries where torture is practiced,the torturers are psychologically prepared. In other words they are made to believe that the opponents of a particular class (in Afghanistan's case the opponents of the government or as they call the reactioneries) deserve to be tortured and punished.

(3) As most of the victims mentioned the torturers themselves had been intoxicated by alcohol and other intoxicants. As a result of this the number of victims killed under torture appears to be high.

(4) According to our observations the torturers belong to a special psychological type. They manifest behavioural disturbances which are mingled with their tendency of domination and destruction. They try to gratify this tendency of domination and distruction with having a share in an aggressive power by which they can dissolve their disability and weakness to lead a normal life.

(5) It is reported that most of the victims had money in cash and other valuable belongings (such as rings,golden watches etc.) when they had been arrested (this is common in Afghanistan).

This could have been a motive for the Khad agents to kill them.

(6) Intensive work,multiplicity of the detainees, lack of time and tiredness are factors that compel the torturers to intensify torture in order to come to a result as soon as possible. This also has been a cause of death to the torture victims.

According to the reports given by the ex-prisoners interviewed by PCA the prisons are inhuman. The prisoners can use toilet facilities in most of the cases twice in 24 hours. They are not allowed to have visitors from their families. Poor sanitation and over-crowding results in skin diseases and diarrhoea. Bugs,lice,fleas and other insects are seen in most of the cells. In addition to food and sleep deprivation,lack of mattresses,blankets and heating system has also been reported.

NUMBER OF VICTIMS IN RELATION TO DIFFEREN PROVINCE IS AS FOLLOWS:-

DETENTION CENTERS	NUMBER OF VICTIMS
Kabul	197
Jalalabad	45
Balkh (Mazar-i-sharif)	27
Ghazni	19
Faryab	15
Kundoz	15
Baghlan	12
Logar	8
Takhar	8
Parwan	8
Kandahar	7
Samangan	7
Laghman	6
Jawzjan	4
Herat	4
Bamian	4
Kuner	3
Ghorat	3
Paktia	3
Wardak	2
Badakhshan	2
Helmand	1
Orozgan	1
Zabul	1
Maidan	1

(1&2) Quotations from Amnesty International publication ISBN:0 86210 107 7 (November 1986).

METHODS OF TORTURE REPORTED BY THE EX-PRISONERS INTERVIEWED BY THE P.C.A.

82% of the ex-prisoners have mentioned that they had been beaten up immediately after their arrest. The beatings consisted of punches,kicks and blows by rifle butts. In most of the cases the beatings have been carried out in presence of the family members of the prisoners. They (khad Agents) beat the detainees as soon as they are arrested to break their resistance and nip the possibility of any defensive reaction and protest. 98% of these ex-prisoners reported that during the first days of interrogation the torture consisted of systematic and non-systematic beatings,beating with heavy whips, wooden sticks,cable wire,kicks and punches. 61% of the prisoners said that they had been taken to isolation cells during the first days of their interrogation and kept in isolation (shortest period 4 days to the longest 9 months). The isolation cells are reported to be damp and mostly 1x2x2,5 meters. These beatings have had bitter effects on normal mental functioning because they were given at a time when the victim was filled with the apprehension of having been isolated from his normal life and family.

Electric torture has been reported by 74% of the victims interviewed by the PCA. Some of them have experienced electric torture many times in different Khad headquarters during their detention. The electrodes were applied to different parts of body like tongue,fingers, toes,lobes,armpits and genital organs. 47% of these victims reported that they had received direct traumas to the head. During torture their heads were banged against the wall or on the table. Or they were hit on the head by punches,kicks or rifle butts. Unfortunately all these victims suffer from lasting headaches accompanied by dizziness. Migraine is seen in most of the victims. Two victims manifest attacks of post traumatic epilepsy.

Sexual torture has been applied on 17% of the victims. Sexual torture consisted of hanging weight to the testicles,direct trauma to the sexual organ etc. The sexual torture has left 19 cases of impotence and various other psycho-sexual dysfunctions.

The worst kind of torture is to bring family members of the victim and threaten to torture or disgrace them. In such a case the victim is forced to choose one of the two contradictory

morales: the morale of resistance to safeguard what is important and defensible for him and the sense of responsibility and care for the dignity and safety of the people dearest to him. This is a real mental conflict for the victim. Most of the confessions made under compulsion have been extracted through this inhuman way.

Although we do not want to upset the reader anymore,we have to just name the other methods of torture practiced in Afghanistan.

METHODS OF PHYSICAL TORTURE

1) Systematic beatings with wooden sticks,heavy whips and cable wire.

2) Non-systematic beatings,punching,kicking, slapping,beating with rifle butts.

3) Electric torture in certain part of the body viz: tongue etc.

4) Direct trauma to the head.

5) Suspension of the body with one hand,leg.

6) Burning with lighted cigarettes.

7) Genital torture(direct trauma to sexual organ,hanging weight to testecles,blocking urinery duct.

8) Phalanga torture.

9) Pulling out the hair.

10) Placing the victim on barbed wire.

11) Wrapping wire around fingers.

12) Introducing bottle,hot egg,bullets into the rectum.

13) Knocking the teeth.

14) Pulling out nails.

15) Fracturing different bones.

16) Suffocation,burning.

17)Burning the beards and pulling out the beards.

18) Injuring the skin and putting salt on wounds.

19) Pouring boiling water on head.

20) Putting hot steel in the palms.

21)Using chemical substances to cause irritability and itching.

22) Pricking the tongue with pins.

23) Tying to the tree for a long time and at the same time kicking and punching.

24) Pulling the victim by vehicle with his hands and feet tied.

25) Putting weight on the head.

26) Putting the prisoner in cubic blocks.

27) Drilling the thigh bone.

METHODS OF PSYCHOLOGICAL TORTURE

1) Verbal abuses,insult,humiliation.

2) Sleep deprivation.

3) Food deprivation.

4) Water deprivation.

5) Forcing to witness others being tortured.

6) Forcing to hard labour.

7) Forcing to eat contaminated food.

8) Threating the victim's family.

9) Placing the victim in dark roomwhere bad smell provokes vomiting..

10) Forcing to stand for long time in severe cold and snow and forcing to stand in hot sun-light

11) Nackedness.

12) Forcing to walk while blind folded.

13) Taking blood from victims for military purposes.

14) Isolating in bathrooms.

15) Forcing to look directly towards 500 watts bulbs for long period.

16) Keeping victim in a damp cell with many kind of insects.

17) Forcing to stand on one leg and to raise hands

18) Showing execution and torture scenes to intimidate the victim.

19) Depriving of normal water and giving salty water.

20) Forcing the victim to take unknown medicines.

21) Threatening the victim with execution.

22) Threatening the victim with long term imprisonment.

23) Preventing the victims from going to toilet.

24) Threatening the victim to shoot him by by shooting around him.

25) Burying the victim upto his neck.

FINDINGS

Here is a summary of our findings about torture syndrome.

Physical symptoms like scars, burns, fracture missing teeth, deformed finger joints, hemiparesia and deafness etc., are found in 61% of the victims. 89% of the victims are suffering from somatic pains such as headaches, migrane attacks, pain in the joints and bones, muscle cramps, gastric pains, dysurea etc. All of these victims suffer from mental disorders like irritability, aggressiveness, startle reaction, emotional disturbances, anxiety, depression, intellectual disorders and psychosomatic complaints.

The mental symptoms manifested by the victims is a combination of symptoms of post-traumatic stress disorders and refugee camp syndrome. There is not much difference between torture syndrome and post traumatic stress disorders.

TREATMENT

When the torture victims first come to the Center, they are registered and they are given routine laboratory examinations including X-Rays and bio-chemic examinations if necessary. Treatment includes medical treatment and psychotherapy. In order to give them physical treatment we needed cooperation of other organizations. We have been able to establish relations with other Health Committees such as Dental Clinic for Afghans, M.T.A. (Medical Training for Afghans) hospital etc.

The psychiatric treatment that we give consists of psycho-pharmaca (anti-depressants, tranquilizers, psychoanaleptica) and psychotherapy Psychotherapy is an important part of the treatment. The methods are different according to the victims but individual psychotherapy is usually applicable. Simple exercise methods such as Yoga and Meditation are more relevant to Afghan culture are useful. To reduce pain

and give relaxation we also use physio-therapetic methods. Unfortunately the victims lack social assistance therapy.

Our team consists of 25 personnel among whom two medical doctors and two social workers have experienced torture in prison in Afghanistan and there is no language or cultural difference between the patients and doctors. Consequently there is mutual trust between the team workers and the patients.

A CASE PRESENTATION

A man now aged 38, was a low rank government official in the Ministry of Agriculture at the time of his arrest in January, 1980. He was detained for six years and released in August, 1986.

He said "I was suspected of being involved in the resistance. One night in mid-January my house was surrounded by Khad agents. MY children were frightened. They beat my wife and children and forced me to go with them. I was taken to Sedarat. I was taken to a cell. After an hour or two I was taken to a room. There were two fat men in the room. One of them took off his sandals and started to strike me with them, as soon as he saw me entering. This was the first day. The interrogation and torture lasted for four months. They kicked me, punched me several times and beat me with wooden sticks,cables and rifle butts. They gave me electric shocks many times. They attached the electrodes to my lobes,fingers,toes and four times to my genital organ. Five times I was forced to stand in a damp bathroom without my clothes for 2 to 3 nights. Food and sleep deprivation are common in the prison. They tied my hair to the ceiling so that I could not sleep or sit.Sometimes during my interrogation they would not let me go to the toilet for 36 hours. I had to use my socks,handkerchief and plastic bags. Once for 24 hours they forced me to stand on one leg in a damp cell. After four months of interrogation and torture one day Khad officials came and took me to Kabul Pul-e-Charkhi prison. I had terrible pain in my body at that time,heart burn and headache. After a week or two in Pul-e-Charkhi I noticed that I had become apathic and ambivalent. I had been trying for weeks to get my mind off my family and outside the prison and take refuge

in fantasy. The prisoners do not have anything to do or to read. After a while day dreaming and nightmares frustrated me. I could not diff erentiate fact and fantasy. I could not trust anyone. I was talking in my sleep. Soon I realised that I had memory disturbances. My memory is blank like a cassette tape where the recording has been rubbed off at many places. My memory disturbances still exist and I cannot concentrate. When I was released I was a new-comer in the society. The war beaten society had considerably changed. Everything was different. To leave my country,Afghanistan, was the greatest grief I have ever experienced. When I crossed the border I sat on the ground and started to weep. Day by day I understand better what it is to be an uprooted refugee. I want to throw every thing because I am not able to do it better. I cannot imagine what my life will be like. Thinking about future frightens me. I think of my children. Sometimes I think it is better if my children die because the future is unknown. Everything I have today seems to me hideous and ugly. Desires and expectations for the future have died away in me. I am sad and depressed. I have become timd and turned coward. I am a sympathetic father but I am not strong and self-dependent. I feel guilty. I quickly lose my temper. I am always nervous and apathic. I prefer to stay at home. I cannot decide. I get tired very quickly. Food is not delicious for me. Somatic complaints such as headache, gastric pain,body pain etc., make me anxious. I have little (almost no) sexual desire. Migraine attacks accompanied with nausea and vomiting cause me pain and suffering. The attacks come five to eight times a month and last for one day. I feel paresthesia in my fingers and toes. I cannot sleep well. When I sleep I have terrible nightmares. I repeatedly dream the execution scene of two of my friends. Sometimes I dream of myself being executed in their place.

CONCLUSION

In addition to being torture victims like many other Afghans they are victims of other conflicts of war and aggression too. They have been compelled to leave their native country and lead a difficult psycho-social life in refugee camps. With feeling the loss of love objects in leaving ones native culture, family

حزب دیموکراتیک خلق افغانستان



DRAWN BY A VICTIM OF TORTURE


حزب دموکراتیک خلق افغانستان

members and property. Joblessness of more than 95% of them, being dependent upon the help of others, having lost their social initiatives and becoming subject of interests in fact these victims had been strong persoanlities of their society with social goals and self confidence. They wanted to fight against domination to change the situation for better social life for their country men but now they live in non-productive and non-dynamic circumstances with disturbed mental life. While in thinking and recalling of the past the victims remember the traumatic experiences of their injured pride and self respect and the destruction of their social values which causes bereavement and survival guilt. Thinking of the present creates anxiety,panic and psychogenic reactions because there is no stability, no harmony, no social status. In thinking about the future the victims feel neither motivation and it is difficult for him to reorganize a normal social life which causes pessimism,despair and fear. The afore mentioned factors are dis-advantages for rehabilitation of the torture victims. Individual rehabilitation through motivating of the victims and bringing him to contact of reality by psychotherapy requires hard work and experience especially in a social emergency situation which all refugees need social and community rehabilitation.

But in this tragic situation of Afghanistan what our small Psychiatry Center can contribute is a small drop where a river is needed.

DISORDERS CAUSED BY ABUSE OF PSYCHOACTIVE DRUGS

Dr.Mohammad Bashir Raji

Generally the psychoactive drugs are prescribed for the purposes listed below:-

1) To alleviate pain.
2) To relieve tension,stress and panic.
3) To suppress excessive appetite.
4) To induce euphoria.

Excessive use of drugs can cause damage to the central nervous system and consequently lead to functional,physical & mental problems and social maladoptation. The excessive use of drugs causes an organic-mental disorder.

In Afghanistan and among the refugees living in Pakistan cases of hashish and opium dependence are more common than any other kind of addiction because hashish and opium are cheap and can be obtained easily.

Alcohole: Fortunately alcohole addiction is not common in our society in exile because it is forbidden in Islam and common folk strongly condemn it. However, in Kabul, alcohole addiction is very common and day by day it increases. Drinking is most commonly seen between age 15-40. After the coupdetate' of 1978 alcohole abuse has rapidly increased and the Russian imposed government has been encouraging young people to drink alcohole.

Why do young people take refuge in alcohole? The main causes that force everybody and specially those, with weak personalities to alcohole abuse are anxiety,hopelessness,helplessness and fear. Young people are afraid of being conscripted and consequently killed. On the other hand it is relatively easy and cheap to get alcohole in Kabul,therefore, in circumstances of anxiety, fear or panic young people soon turn towards alcohole. They lose their interest in education. Their greatest goal is to spend the present moment - forgetting their worries. This situation has led to many moral and social perversions among the young.

Other psychoactive drugs such as amphetamine, hallocinogen,sedative and hypnotics are rare in our country,therefore, cases of addiction with them are not common.

بسم الله الرحمن الرحيم

INTRODUCTION

The April coup of 1978 was a sudden and unexpected shock for Afghan people which brought an aggressive minority into power. This group tried to legalise their existence through creating general anxiety, feeling of insecurity, fear and by paralysing the social orders. They started to impose state terrorism by repression, kidnapping and torture which left the people in a defenceless state and caused severe emotional traumas. The memory of this era in which thousands of innocent people were terrorized, 50000 community leaders and educated people disappeared and left thousands of broken bodies and minds.

Russian intervention in Afghanistan backed by destructive military advances and with conscious imperial experiences tried to disintegrate the hierarchy of the community and make them desperse and to create general hopelessness through massacre, bombardments of villages and violation of various kinds which caused severe psychological trauma for the Afghan people. Continued military domination and combat brutilisation resulted in compulsory migration of over 5 million human beings in neighbouring countries and other continents.

At the outskirts of the border between Pakistan and Afghanistan around 3.5 million Afghans who are the victims of the military aggression of the Soviets (in Afghanistan) lead a difficult psycho-social life in refugee camps. As a result of migration and prolonged stay in the camps, conflicts arising from a situation characterized by war and exile and loss of at least one member of almost every family, symptoms of catastrophic reactions and combat fatigue are commonly seen among the refugees. The feeling of economic and social insecurity arising from unemployment of the majority of the refugees, the lack of accurate plans for the future and being under a hope and fear conflict cause irritability, anxiety and psychogenic disturbances. Lack of a defined position in the social hierarchy as a productive human being and the vaccum of social identity resulting from broken social relations bring about culture shock and constituting a blow to the refugees intellectuality, prohibit any motivation.

HASHISH CONSUMPTION:

Before the war began the rate of hashish abuse among our people was not as high as it is now. The nature of consumption has changed because of the war–from being a limited relaxant or stimulant in society it is now becoming a . means of escape from social reality. Continuous bombardments destroy villages,kill many innocent women and children and drive the survivors out of their country. This situation drives individuals to a state of anxiety,hopelessness helplessness,withdrawl,isolation and depression. To forget this situation for a short time the only thing that people can get is DRUGS.

In northern part of Afghanistan opium is given to relieve pain and acute coughs and sometimes continuous use of it for these also leads to drug dependence.

Among the patients received by the Psychiatry Center for Afghans, there were two children both 2, addicted to opium. Opium was given to them as a home remedy for the treatment of acute cough for many weeks. As their parents said "now if opium is not given to them they manifest emotional disorders....they cry and bang their heads against the wall".

To treat them we gradually decreased the amount of opium and administered phenobarbital tablets and syrup Millirel to relieve the symptoms. Treatment has been satisfactory and the patient's condition has improved.

Another case I would like to present here is a 23 years old mujahid from Paghman. He came to the Center on 27.6.87. He said "I sustained a bullet injury in Afghanistan three years ago. It was too painful and I did not have anything to reduce the pain. A friend offered me some hashish. When I somked the pain was relieved. Since then I started to smoke hashish 5-6 times a day. I decreased the amount of hashish I would smoke one year ago. About 2 months ago I stopped smoking hashish firstly because it is harmful to my health and secondly because it was a drain on my economy. But now I have abdominal pain,constipation, weakness, anorexia (loss of appetite).

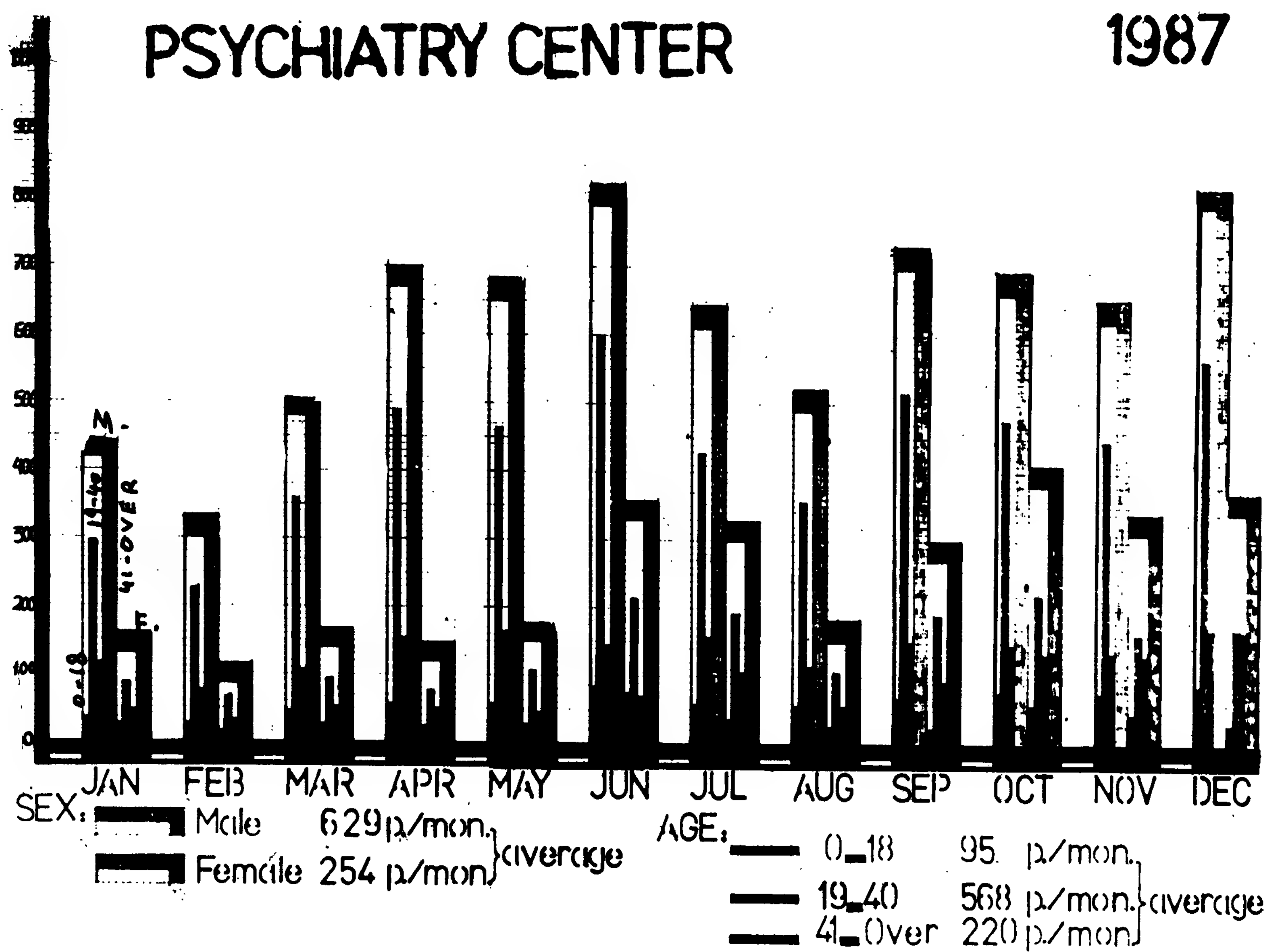
NUMBER OF DRUG ADDICTS WHO VISITED PCA DURING 1987

Hashish	109
Opium	18
Morphine	4
Heroin	1
Polytoxicomian	20
Other drugs (Hypnotic, sedative)	10
-Total:	162

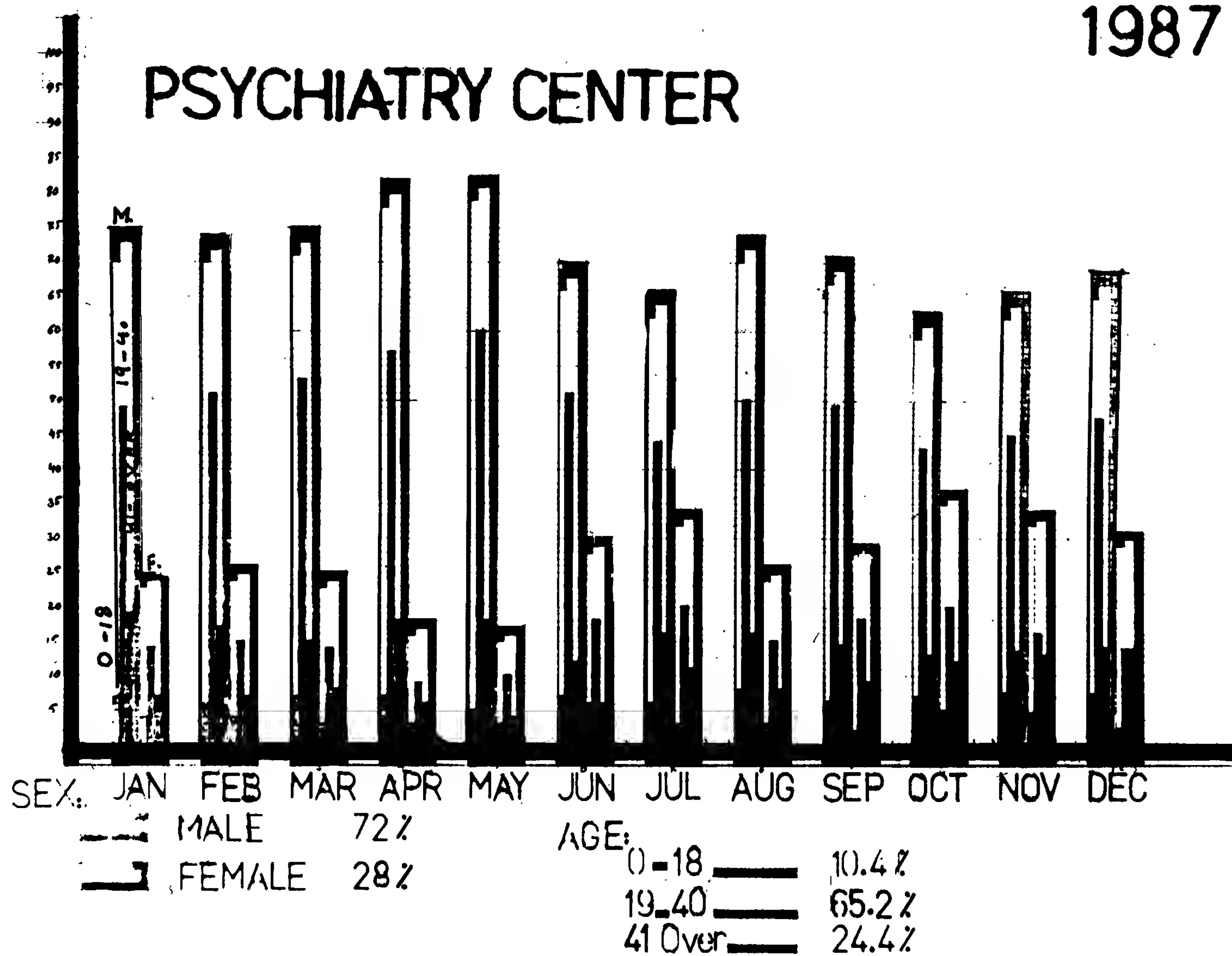
This figure comprises 1.5% of all our patients.



ZZA


PSYCHIATRY CENTER
1987
M.
F.
0-18
19-40
41-OVER
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
SEX:
Male 629 p/mon.
Female 254 p/mon.
average
AGE:
0-18 95 p/mon.
19-40 568 p/mon.
41-Over 220 p/mon.
average

CCB



1987
PSYCHIATRY CENTER
M.
19-40
F.
0-18
SEX.
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
MALE 72%
FEMALE 28%
AGE:
0-18 10.4%
19-40 65.2%
41 Over 24.4%

STATISTICS OF 10655 PATIENTS, WHO CAME FOR TREATMENT AND PSYCHIATRIC CONSULTATION DURING 1987 TO PSYCHIATRY CENTER FOR AFGHANS:

	No.	Percentage
I-PSYCHIATRIC DISORDERS:		
a) Senile - Pre Senile Dementia	85	
b) Acute & sub-acute confusional state	49	
c) Schizophrenic Psychosis	182	3.4%
d) Effective psychotic disorders	29	
e) Paranoid State	17	
II- NON PSYCHOTIC MENTAL DISORDERS:		
a) War neurosis (with post-traumatic features.	1932	
b) Acute reactions to stress with emotional disturbances, panic disorders, anxiety, irritability etc.	1369	
c) Depression (except manic depressions.) depressive reactions. depression with multiple somatic complaints. depression associated with disturbances of social adaptation and emotional symptoms.	1509	48%
d) Victims of Torture.	297	
III- NEUROTIC DISORDERS:		
a) Anxiety Neurosis.	192	
b) Hysterial Neurosis.	249	
c) Neurotic Depression.	298	
d) Psychoasthenia.	139	
e) Phobic Anxiety.	87	11.2%
f) Hypochondrical Neurosis.	110	
g) Obssessive Compulsive Neurosis	61	
h) Anorexia Nervosa.	13	
i) Unspecified.	49	
IV- PSYCHOSOMATIC DISORDERS:	2130	20%
V- DRUG DEPENDENCE:		
a) Canabis	108	
b) Opium	21	1.4%
c) Heroin	14	
d) Polytoxicomin.	11	
VI- NEUROLOGICAL DISORDERS:		
a) Post concussion syndrom due to (head injuries and traumas.)	360	

b) Epileptic Disorders. 1761 13%
c) Mental Retardation. 861
d) Other neurological disorders. 7651

b) Epileptic Disorders.	1761	13%
c) Mental Retardation.	861	
d) Other neurological disorders.	7651	
Number of patients referred to other hospitals.	3171	3%

STATISTIC ACCORDING TO AGE AND SEX:

SEX:

MALE:	72%
FEMALE	28%

AGE:

0 - 18	10.4%
19 - 40	65.2%
41 - Over	24.4%



Dr.Lorenz L. Göser / HELP

Bericht über einen Besuch im
PSYCHIATRY CENTER FOR AFGHANS
und ein längeres Gespräch mit
dessen Leiter, Dr.A.Dadfar
am 18. Juni 1987 in Peshawar

Das PSYCHIATRY CENTER FOR AFGHANS hat im April 87 ein neues Haus mit 4 grossen und 3 kleinen, hellen Räumen in Peshawar Shaheen Town bezogen. (Jamal Road, Street 5, POB.641 Tel.42987). Es wird seither mit mtl. 65.700.- Rs voll von HELP finanziert. (In 88 zahlt HELP mtl. ca.100.000.-Rs)

Dr.Dadfar arbeitet z.Zt. (d.h. im Juni 87) mit folgenden Mitarbeitern:

Mr. Osman (pak. Psychologe)
Dr. Bashir (allg.Arzt)
Dr. Faruq (Arzt + Assistenzpsychiater)
Dr. Sora (Ärztin)
Mrs. Marry (Krankenschwester)
Mr. Mohammed Jan (Apotheker)
- ausserdem sind noch 3 Sozialarbeiter, 1Bürokraft und 2 Wächter beschäftigt, insges.also 13Personen.

Taeglich kommen derzeit ca. 60 Patienten in ambulante Behandlung bzw. zur Gespraechstherapie. Hauptkrankheitsbilder sind traumatische Neurosen und posttraumatische Stoerungen.

Beispiel 1:

Die Frau eines Mujahed berichtet,
Russen haetten ihr Haus angegriffen;
sie war allein mit 2 Kindern,
Soldaten kamen rein und haben alles verbrannt;
sie konnte mit ihren zwei Kindern entkommen
und lebt heute im Khorazan-Camp,
ca. 20km von Peshawar.

Diese Frau erhielt Anti-depressiva
und hatte eine laengere Unterhaltung mit Dr.Dadfar
über die Kriegssituation (= psycho-sozialeAnalyse)
Auch ihre 14-jaehrige Tochter war dabei.

Beispiel 2:

Dr. Dadfar erzaehlt noch einen aehnlichen Fall von gestern, ueber einen 39-jg. Mujahed aus Takhar mit 4 Soehnen und 3 Toechtern, dem es noch schlimmer ergangen war:

Dieser Mujaheddinfuehrer war vom 13.Juni 78 bis Februar 80 im Gefaengnis in Kunduz. Ein Angriff der Regierungsgegner brachte ihm die Freiheit und seither kaempft er aktiv mit.

Er war im Gefaengnis gefoltert worden von Khalqis, u.a. 7 Naechte lang durch Schlafentzug, regelmaessige Pruegel mit einem Holzstock und einem Drahtseil, dazwischen immer wieder Stoesse mit dem Gewehrkolben; ihm sind die Zehennaegel ausgerissen worden und sein Kopf wurde gegen die Wand geschlagen; sechsmal erhielt er Elektroschocks, eine Woche lang Essensentzug.
Voellig erschoepft fand sich der Mann aus Takhar in einem unterirdischen Raum wieder und erhielt Drohungen gegen seine Familie. Einen Monat lang hielt man dann auch tatsaechlich seinen alten Vater mit ihm im Gefaengnis fest.

Das war die erste schlimme Erfahrung, ueber die er vor Dr.Dadfar zwar oft, aber schwer sprach; – und es geht noch weiter:

Vor zwei Jahren war derselbe Mann aus Takhar zusammen mit Mujahed-Kameraden in Kaelte und Schnee von Russen umzingelt worden. Zwei Kameraden sind erfroren, er selbst war in einem semi-coma und spuerte bald grosse Schmerzen in den Beinen. Sie durften sich aber nicht ruehren um nicht entdeckt zu werden.

Vor einem Jahr sind sein Vater und sein Onkel unterwegs einem Bombenangriff zum Opfer gefallen. Waehrend der letzten 8 Jahre hat dieser Mann 20 seiner Freunde und Verwandten sterben sehen.

Jetzt leidet dieses Opfer von Folter und Krieg an Schmerzen in den Beinen, speziell in den Sohlen, an Contractionen der Muskeln (somatic complex), an Gedaechtnisstoerungen, Verfolgungswahn, Kopfweh, Apathie und Sexualstoerungen.

Das PSYCHIATRY CENTER versucht ihm zu helfen mit Sporttherapie und indiv. Gespraechstherapie, mit Vitaminpraeparaten, Psychoanaleptica und mit Anti-depressiva. (1 Tablette kostet 5 Rs., aber 1 Patient braucht davon mindestens 100.)

Ich selbst habe mich uebrigens lange Zeit gestraeubt, solche "Schauergeschichten" zu glauben, habe sie als Propaganda abgetan oder zumindest als phantasievolle Uebertreibungen angesehen. Aber ich sehe in Peshawar die Kriegsversehrten herumhumpeln und im PSYCHIATRY CENTER haben schon alte weissbaerte vor mir geweint. Ich kenne im Bazar einen afghanischen Haendler, der die ersten zwei Jahre nach seiner Flucht kein Wort mehr herausgebracht hat. Ich muss einraeumen, nicht selbst alle Beispiele auf ihre Wahrheit hin pruefen zu koennen, aber ich habe mehr und mehr Gruende erfahren, diese Leidensgeschichten zu glauben. Leider.

Und bei aller Sorgfalt, mit der ich zu recherchieren habe bevor HELP das Geld seiner Spender ausgibt, muss ich letztenendes dann doch einfach auch auf Dr.Dadfar als Partner vertrauen, und ich tue das nicht zuletzt deshalb, weil es viele seiner Landsleute (und andere) auch tun.

Dr.Dadfar hat das PSYCHIATRY CENTER FOR AFGHANS vor 18 Monaten aus Eigeninitiative, mit Unterstuetzung vom Ärzteverein für afgh.Flüchtlinge eV. (Helmstedt) und von Kupfa (Hamburg), aufgebaut und zunaechst in deren Niederlassung in Peshawar praktiziert.
Er hat seither 3 Berichte ueber psychische Probleme der afgh.Fluechtlinge veroeffentlicht, u.a. im 'Mental Peace Magazin' ein Interview mit 40 Folteropfern.
Er hat Beziehungen geknüpt zu AmnestyInternational und hat soeben aus London 32.000 Rs fuer die Behandlung von 20 ausgewaehlten Folteropfern erhalten.
Auch Kontakte mit der Menschenrechtskommission bei den Vereinten Nationen in Genf scheinen vielversprechend: immerhin wurden 30.000 Dollars in Aussicht gestellt fuer die Erforschung und wissenschaftliche Dokumentation der Folteropfer und fuer direkte Familienhilfe und Therapie.
Weitere wichtige Auslandsbeziehungen bestehen
- zum Centre for victims of torture (Kopenhagen)
- zur Islamic World Association for Mental Health (Kairo; Dr.D. ist Mitglied)
- zur American Psychiatric Association (USA)
- und zu anderen.

Die sozusagen alltaegliche Arbeit des PSYCHIATRY CENTER aber wird wie gesagt seit April 87 ganz von HELP finanziert. Folteropfer sind dabei nur ein Spezialgebiet aus der Vielzahl der allein kriegsbedingt seelisch-geistig beschaedigten Menschen, die hier taeglich Hilfe suchen.

Dr.Dadfar unterscheidet verschiedene Patientenkategorien:
- Generelle Psychosen (5%)
- Kriegstraumata / Posttraumata (40%)
- Psychosomatische Stoerungen (20%) (hauptsaechl.bei Frauen u.in Verbindung mit Depressionen)
- Depressionen (20%)
- sowie Traumata aufgrund von Verwundungen (insbes. Amputationen)

Die Statistiken des PSYCHIATRY CENTER zeigen in 86

14 % der Patienten waren unter 18 Jahren,
61 % waren zwischen 19 u.40 J. alt,
25 % waren ueber 40 Jahre alt.
73 % der Patienten waren Maenner/Knaben,
27 % der Patienten waren Frauen /Maedchen.

Aus den taeglich Hilfe suchenden Patienten, anfangs ca.20 pro Tag, heute (Juni 87) 60, hat das PSYCHIATRY CENTER von Juni 86 bis Juni 87 154 Folterofper erfasst, darunter auch 3 Frauen und 10 Kinder.

Beispiel 3:

Drei Familien aus Zentralafghanistan sind ueber den Hajigak-Pass gefluechtet und dort bombadiert worden. Nur das kleine, 7-jaehrige Maedchen ueberlebte mit ihrem Vater. Sie steht noch so unter Schock, dass ein Fernsehteam neulich nur in Grossaufnahmen dieses Kindergesicht gefilmt hat, um darin gespiegelt alle Schrecken dieses vergessenen Krieges zu zeigen. Das Maedchen hat starke autistische Stoerungen, Alptraeume und Schlafstoerungen. Sie ist erst vor 20 Tagen gekommen und hat anfangs auf einem Friedhof gehaust. - Behandlung: Beruhigungsmittel und Familientherapie mit Vater und Grossmutter.

Beispiel 4:

1 Jahr Gefaengnis, 3 Monate Folter.
U.a. musste dieser Mann bei Folterungen zusehen und sah dabei auch einen der Gequaelten sterben; zweimal musste er an Exekutionen teilnehmen. Die Spuren der Folterungen an ihm sind u.a. ausgeschlagene Zaehne, Taubheit auf einem Ohr, Sehstoerungen, Parasthesia, Hodenschwellungen.
A. ist heute eine koerperlich und seelisch zusammengebrochene Person und lebt jetzt in Chitral.

Nicht alle Patienten koennen ueber die oft als beschaemend empfundenen Demuetigungen und ihre grauenvollen Erlebnisse gleich offen sprechen und nicht jeder ist bereit, seine Schicksalsschlaege vor anderen auszubreiten. Individuelle Gespraeche sind noetig, aber eben auch zeitaufwendig. Einige nehmen an Kleingruppentherapie teil, zur Bewusstmachung und Interpretation der individuellen Leiden als gemeinsame Leiden und Erfahrungen. Intellektuellen Patienten wird auch Lektuere empfohlen, die zum Sprechanlass werden kann, z.B. ein Buch ueber den 2.Weltkrieg. Immerhin koennte man 50 % der Patienten als Mittelklasse bezeichnen, was in der Fluechtlingssituation weniger oekonomische als bildungsmässige Bedeutung hat.
80% der Patienten kommen uebrigens direkt zu Dr.Dadfar bzw. ins PSYCHIATRY CENTER, von dem sie durch Mundpropaganda gehoert haben. Die andern 20% werden von Hilfsorganisationen und Parteien ueberwiesen.

Ausser dem PSYCHIATRY CENTER FOR AFGHANS von Dr.Dadfar (- und finanziert von HELP -), gibt es noch eins speziell fuer Afghanen von der 'Islamic Relief Agency' (ISRA),und dann eben Psychiatrische Abteilungen in den beiden grossen pakistansischen Krankenhaeusern in Peshawar, Khyber- und Lady-Reading-Hospital (letzteres mit 10 Betten). .Auch Dr.Dadfar weiss, dass Gespraeche besser sind als Psychopharmaka, aber: "wenn jemand kommt und Angst hat und weint und nicht schlafen kann, koennen wir die Situation nicht gleich veraendern, wir muessen Antidepressiva etc. geben um fuer den Patienten auch den Augenblick erst einmal ertraeglicher zu machen."
Und wie gesagt kosten Gespraeche Zeit: Allein die 154 Folteropfer, von denen viele regelmaessig kommen, nehmen die Haelfte der Spechstunden in Anspruch, und sie brauchen Gespraeche am noetigsten.

Dr.Dadfar findet Zugang zu den haeufig erst mal verschlossenen Patienten, weil er deren Situation nachfuehlen kann: auch er war im Gefaengnis und ist gefoltert worden.
Dr.Dadfar war vor der 'Saur-Revolution' vom April 78 Dozent in Kabul; - ein junger Intellektueller mit sozialkritischem Engagement, das einstmals auch an den Lehren des grossen chinesischen Nachbarn Gefallen gefunden hatte. Aber wenn dieser auf die Kraft der 'Massen' gebaut hatte, war klar, dass die Kabuler Aprilrevolutionaere zwar den Namen 'Volk' (Khalq) trugen, zu diesem aber kaum Verbindung hatten und sich nicht mit Geduld und Ueberzeugungsarbeit durchzusetzen versuchten, sondern mit nackter Gewalt gegen die 'Konterrevolutionaere' vorgingen. Dass diese Gewalt bis heute 90% der Bevoelkerung trifft, stoert die Kabuler Herren bis heute nicht. Leute wie Dadfar aber hat das von Anfang an ebenso gestoert wie es die Leute auf den Doerfern gestoert hat, die auf Geheiss der Kommunisten ihr ganzes Wertsystem haetten auf den Kopf stellen sollen. Bereits im November 1978 wurde Dadfar daher ins Gefaengnis gesteckt, aus dem er erst im Januar 80 anlaesslich einer Generalamnestie wieder herauskam. Im Juni 1980 hat er dann Afghanistan verlassen. Er verbrachte etwa 1½ Jahre in Pakistan und kam Ende 1981 nach Deutschland. Er lernte die Sprache und praktizierte als Arzt in einem Krankenhaus bei Hamburg, wo er auch eine Zusatzausbildung in Psychiatry gemacht hat. Ende 85 war sein Plan ausgereift: Seinen Leidensgenossen in Pakistan mit einem Psychiatrie-Zentrum zu helfen.

Die 4 in diesen Bericht eingefuegten Beispiele zeigen, wie lobenswert dieser Entschluss war. Das sind 4 persoenliche Faelle von vielen, aber Hunderttausende, wenn nicht sogar alle 3 Millionen afghanische Fluechtlinge, leiden mehr oder weniger ausgepraegt an dem, was Dr.Dadfar das Refugee Camp Syndrom nennt:
Maenner haben ihren Stolz verloren, ihre Wuerde, ihre Aktivitaeten; das fuehrt zu Aggressionen gegen die Familie. Die Leute sind es leid, unproduktiv sein zu muessen und ohne soziale Dynamik. Die gleiche Monotonie tagaustagein fuehrt zu emotionalen Stoerungen. Kinder erleben ihre Eltern hoffnungslos; sie hoeren nur von Afghanistan, haben es nie gesehen, machen es zu einem Wunschobjekt. Frauen koennen das Haus mangels Feldarbeit kaum noch verlassen, nur zum Wasserholen und Holzsammeln und evtl. zum Arztbesuch. Junge Leute werden apathisch und manche greifen zu Drogen (Haschisch).
Vielfach unsichtbare Wunden, die letztlich nur ein freies Afghanistan wieder heilen kann.





DELEGATION OF INTERNATIONAL LAWYERS AND SOME MEMBERS OF PSYCHIATRY CENTER FOR AFGHAN REFUGEES AFTER INTERVIEWING THE VICTIMS OF TORTURE.



MEMBERS OF PSYCHIATRY CENTER FOR AFGHAN REFUGEES AFTER A CONFERENCE IN PSYCHIATRY CENTER FOR AFGHANS.

Obviously under such circumstances the mental problem of a community considerably increase; it was an urgent need to establish a Psychiatry Center for Afghans. The Psychiatry Center was established in June 1986 by official permission of Pakistan authorities for Afghan refugees. The main goal was to provide psychiatric care to our country men and to provide sufficient information on psychological problems of Afghan refugees. Soon after the Center was established we noticed that there were many torture victims in our society of exile who were suffering from various physical and psychological problems and needed psychiatric treatment, therefore, we opened a Section of victims of torture beside our Out Patient Psychiatric Clinic.

At present the PCA has one out patient psychiatric clinic with the average of 100 patients daily and a section of victims of torture.

The Out Patient Psychiatric Clinic is supported by Help Committee, Kaiser Platz 3 Bonn 1, West Germany.

Board of Trustees, UN Voluntary Fund for Victims of Torture, Geneve sent funds for treatment and rehabilitation of victims of torture in the last year which progressed our work considerably. We are awaiting their support for the current year as well. Amnesty International also supported us for a certain number of victims of torture and they have extended their support for the current year too.

Moreover, we are affiliated with Physicians Association for Afghan Refugees in West Germany, Amnesty International groups in many countries, Islamic Association for mental health, Cairo, World Congress for mental health, American Psychiatric Association, Helsinki Watch and many other health organisations for refugees.

At present our team comprises of 22 Afghan and one local who are working for this human cause. Due to having no linguistic or cultural differences with the patients we enjoy good understanding and mutual trust.

Details of Staff is as follows:

Doctors 7
Nurses................................ 3
Social Workers........................ 6
Physiotherapist....................... 1
Pharmacist............................ 1
Other non-medical colleagues.......... 7

M.A. Dadfar, MD
Director

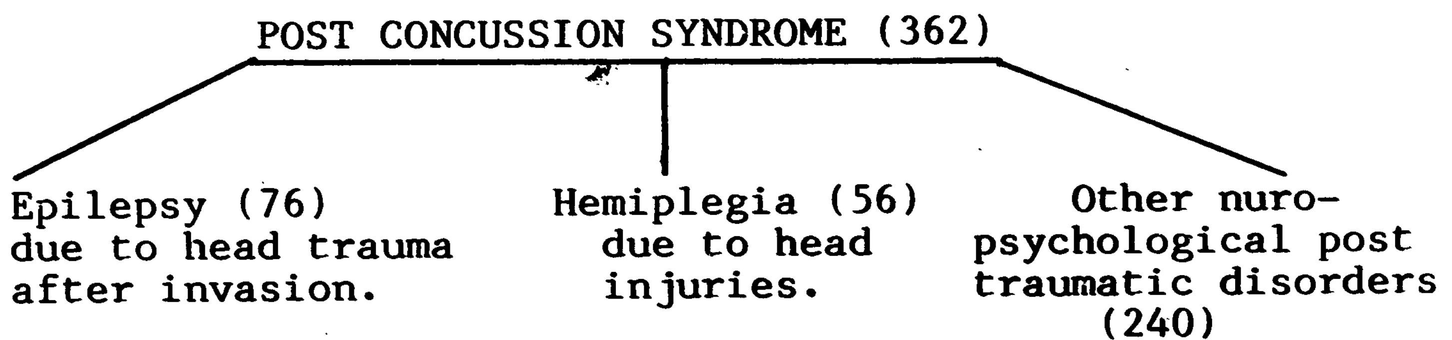
POST CONCUSSION SYNDROME AMONG AFGHANS

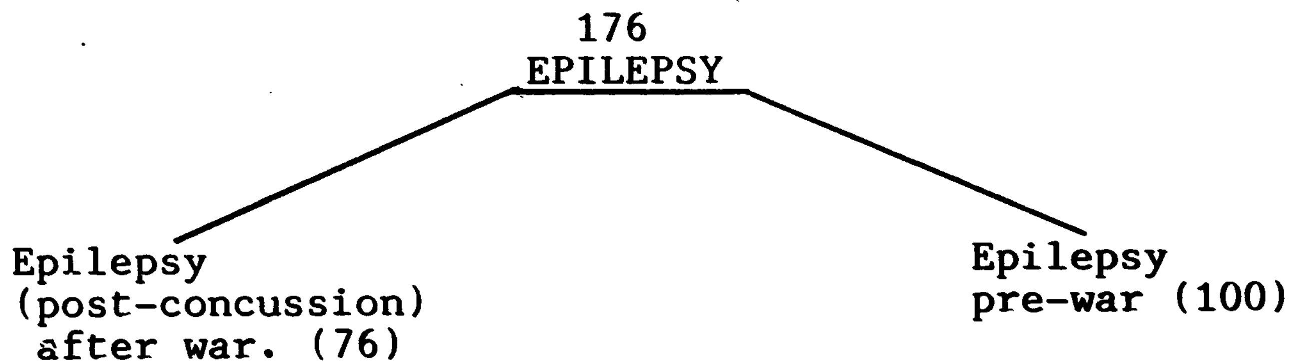
DR. FAROOQ NECK.

The increasing cases of post traumatic syndrome (post concussion syndrome),head traumas, head injuries and pathologic problems arising from head traumas which are usually seen in a form of neuropsychologic syndrome are one of the major problems of the war-torn society of Afghanistan. During the past ten years many Afghans, being men,women and children, have had head traumas. The main causes of these traumas are torture, beating with rifle butts, bombardments, collapse of houses during bombardments, bullet injuries and in children falling off mules or camels en route to Pakistan (on their long journey to Pakistan either the child or or its mother goes to sleep on the mule and the child falls) and being beaten by parents which unfortunately has increased in exile life.

According to the statistics taken by the Psychiatry Center for Afghan in the last year the post concussion cases comprise of 2.5% of all the patients and 42% of neurologic cases. In the last year 360 of our patients were cases of post concussion. Out of these 360 cases, 240 of them had hemiplegia and 76 of them epilepsy During 1987, 176 epileptic patients came to the Center. Therefore, there is an increase of 43% in rate of epilepsy and this is related to war. 76 patients out of them were post-concussionepileptic cases while 100 of them were pre-war cases of epilepsy. The mujahideen suffering from post concussion syndrome are facing many problems. There is no well equipped neuropsychiatric hospital to treat them. On the other hand since they come to Peshawar between periods of fighting in Afghanistan and stay here for a short time they cannot receive the required treatment that usually needs a long time. Some of them cannot afford the expenses of coming to the city and there is no such authority to help them. They have to live in the camps and they have to leave for Afghanistan whenever their commanders leave.

Post concussion problems are also common among refugees. Most of the refugee children are mentally retarded. They suffer from various problems such as epilepsy and other mental handicaps. There are many mentally retarded children in our society of exile who will be a mass of unfunctioning elements in our future Afghanistan.





If we compare the number of pre-war epileptic cases with after war epilepsy cases, we find an increase of 43% in epileptic disorders.

R E F U G E E   C A M P   S Y N D R O M E
AN ANALYTICAL REVIEW OF THE GENERAL CAUSES OF PHYSIOLOGICAL PROBLEMS AMONG AFGHAN REFUGEE CHILDREN

Dr. M. Azam Dadfar, M.D.,

PREFECE

Search for a better,peaceful and inviolable life is a motive for the struggle for existence. In fact human beings efforts are a kind of investment for the coming generation. In today's world a great part of the capital and energies of individuals and nations is invested for the benefit of the children and their future to give them opportunity of orderly development. They are under the pressure of having a better life than the life we have.

Nine years have passed since the conflict of Afghanistan and the whole world is aware of the brutality of the Russians, the communist regime and the problems originating from this invasion. For nine years, Afghan children whether they live in the cities or in the villages, have led a life full of fear and disturbances of mind. Because they have been witness to vigorious desolation and insecurity. The majority of them have a sad destiny who have seen heart-sickening scenes.

Witnessing severe bombardments on villages and on civilian houses, witnessing ruins,deaths and injured persons,depending mostly on children relatives and family members, and witnessing the wild slaughter of male figures in front of their eyes, witnessing their parents being tortured and insulted by the invaders and remebering the responsible members of their families could not come back after being arrested.

Poverty and scarcity because of burning the crops and the harvests, lack of social facilities because of problems of transportation between the cities and villages,stresses and fear of forceful migration and escaping to the neighbouring countries,danger and rescues of falling into an ambush,having lost the family members and fellow travellers during the escape and the physical defects caused by bombs and mines.

It is to be asked what might be the future of Afghan children? Because the children, due to multiple traumatic experiences and disadvantage circumstances, grow disorderly and without objectives. Since they suffer from the shortage of food,chronic infectious diseases and other physical stresses terribly becoming thinner and weaker than the normal children. Unfortunately all of these will have irreversible effects on the social life of the coming generation in Afghanistan.



AN ANALYTICAL REVIEW OF THE GENERAL CAUSES OF PSYCHOLOGICAL PROBLEMS AMONG AFGHAN REFUGEE CHILDREN

Forceful migration is an undesirable experience which puts every child in an unlikely situation and makes him suffer from migration stresses, loss of love object and adjustment disorders. Refugee children commonly suffer from the following problems and stresses:

1) PHYSICAL STRESSES

The long hot season of Pakistan along with 40 C temprature and around 80% humidity which the Afghan children are not used to, wastage of electrolytes due to continuous dehydration, malnutrition, infectious and chronic diseases (malaria, T.B., gastro-intestinal diseases, etc......), with poor primary sanitation, poor preventive medical care, shortage of drinking water and energy. The above said problems cause the children to grow physically and mentally weak and undefendable.

2) EDUCATION PROBLEM

A high percentage of the children because of the limited facilities cannot be regulated to an educationery life. The illiteracy of most of the parents, the undynamic educational atmosphere in camps and the lack of encouragement in education leave a high percentage of the children illiterate. It may cause the children to suffer intellectual retardation.

3) COLLECTIVE CATASTROPHIC REACTIONS

Due to post-traumatic experience of the recent years, combat neurosis (shell shock), having lost the homeland and being uprooted, facing non-productive life and being dependent on other people help and various stresses originating, from the recent years' conflicts have caused the population of the refugee community to reveal collective catastrophic reactions. The witnessing of this unfavourable circumstance seen overall in the war-torn environment of the refugee camp is considered to be a personal tragedy for the children and has caused them to expose psychogenic reaction and anxiety disorders.

PSYCHO-SOCIAL STRESSES

In addition to above mentioned factors the Afghan children encounter such social stresses as high rate of mortality in refugee camps (specially among the children),common unemployment among the refugees which causes economic poverty, the breaking of the family and social hierachy and daily harshness in the camps,hard disciplines in the camps as an emergency situation, family dispersion and absence of fathers(being killed in war,disappearances,seeking for jobs, etc....), orphanage,cultural shocks,feeling of humiliation and lack of respect for the children, all of these present a non-dynamic, noncreative atmosphere and instead create feeling of social deprivation among the children. This causes depressive reaction,emotional disorders and feel helplessness with social withdrawl.

5) SEPARATION FROM IMPORTANT LOVE OBJECTS

Many children have lost one of their parents. Many of the fathers are not present in the family, the families are broken up (the young members of the families have migrated while most grand mothers and grand fathers who have an important role in Afghan families have stayed behind). On the other hand the bare truth for a refugee child is to listen to the stories of adults (refugee families usually live in one tent or in one room). The topics of these stories are about the homeland which ends with strong desire of going back there. The child who is an astonished listener to this tragedy is influenced by others about the imaginary beauties of the motherland and this collective nostalgia is changed to love objects for a child. The child shows anxiety and loses his interest for his migration environment, which for him does not have a prospective any way, this lack of prospects is accompanied by adjustment disorder and emotional disorder.

6) ANXIETY DISORDERS & DEPRESSIVE REACTIONS OF PARENTS

The parents of refugee children who live in a disadvantageous situation and they themselves are the victims of the present conflict,suffer fromdepression and traumatic experience. Therefore many of the children follow the course of their parent's depression through their identification with them and suffer from a depressive reacion alongwith identity disorders.

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As our observation and statistics show many of the refugee children are afflicted with effective disorders that mainly take forms of chronic depressive reactions and masked depressive reactions and the following factors play a decisive role in this case.

a) Difficulties of life,fear of future and post-traumatic experience among the parents and adults make them preoccupied with their own problems and forget about their children. They are apathetic towards their children and consequently the children think no one loves them and feel very isolated.

b) Physical abuse of the children amongst refugee families comparing with pre-war situation is unfortunately increased. The children find themselves being insulted. The parents coming to our Center feel guilty for beating up their children.

c) In many cases the parents command their children to keep silence and the children are often asked harshly to relinquish their childhood plays because the parents themselves are exhausted and hypersensitive to noise.

7) REJECTION AND DEPRECIATION

General unemployment,economic and social problems and large number of children in Afghan families force the parents not to pay attention even to the simplest wishes of their children and due to their own depression they do not talk to their children and the children feel that they are unwanted and have come to this world against their parent's desires.

The social isolation of the camps, imposing hierachic style discipline on children and especially the forceful demands for obedience are the main unexpected aspects of life among refugee children that cause severe emotional impairment and social adjustment disorders. One of the major characteristics of Afghan

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society is to praise the children specially the girls to give up their plays when they are more than ten years old. This is the cause of high rate of elective mutism.

The problem is great the children are unable to find suitable words to describe their anxiety. Perhaps, it is the anxious tongue of a generation whose future is unknown.

Based on our experience, specially in the last two years, and also continuous observation of refugee camp such as Haripur,Transit, Aryana and Monda, we decided to provide a report about the life situation of refugee children between 1-18 years of age. 362 children have been examined and treated in Psychiatry Center from January to June, 1987. Most of them were living in the camps and were brought by their parents or members of their families and about 15% of them were sent by other Health Centers.

The following statistics is the result of the last 6 months works (Jan to June 1987):

Diseases	No.	%
1. Adjustment disorders Brief depressive reactions Prolong depressive reactions, masked depressive reactions with emotional disturbances.	120	33
2. Specific disturbances of emotion with anxiety & fearfulness with misery & unhappiness with sensitivity shyness & social withdrawl with relationship problem and post-traumatic stress syndrome.	90	25
3. Attention deficit disorders with hyperactivity and hypoactivity with developmental retardation with adjustment problems or with psychomotoric retardation.	31	9.5
4. Psychosomatic complaints	22	6

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5. Conduct disorders aggressive behaviour destructive behaviour oppositional symptoms	15	6
6. Mental retardation	12	3.5
7. Schizophrenic psychosis	15	4
8. Other problems of childhood and adolescence elective mutism..................9 canabis abuses..................2 stereotypy......................2 victims of torture..............3 hysteria........................5 others.......................... 10	31	8
9. Neurological problems Convulsive seizures postcontusion syndrome(head trauma)with multiple features.	26	7

NOTE 1:

More than three million refugee are living in 380 refugee camps in Pakistan. About 50% of this large population consists of children under 18 years of age.

NOTE 2:

Since the symptoms and forms of the disorders vary greatly,attention has been paid to both, ICD and DSM classifications.

- Mixed forms,have been classified under a single name according to the importance of main symptoms.

- Most of the children specially those over 15 years of age, beside their major complaints,hav had other psychosomatic complaints which are predominated by other symptoms(otherwise psychosomatic form 30%).

- Oppositional disorders,sleep disorders,behaviour disorders and enuresis is very common among the children and is a symptom which have come under the appropriate titles.

CASE STORY 1

R is 17 years old. He is from liberated areas of province Maidan, Afghanistan. R has been registered by our Center on 28 March, 1987. He was brought to our Center by his relatives due to the following stated complaints.

He shows hypersensitivity to sounds specially to the noisy air-raids and aircrafts. He has been the eye witness of many bombardments and violent acts. He lost 11 members of his family, including his mother, two of his sisters, his younger brother, two sister-in-laws and nephews, in a bombardment about 2 years ago. He, who was hidden himself somewhere else, was the nearest eye-witness of this wild attack on civilian houses. He took actively part in taking the martyrs out of the ruins and preparing them for the funeral.

In November 1986 he left the country and came to Pakistan. He was accompanied by a group of mujahideen (freedom fighters). On their way sudenly faced the Russian ambush and stepped on mines. 9 people were killed and 30 people (including himself) were badly injured. Some 12 steches of visible wound scars in his frontal region of his skull.

MAIN SYMPTOMS

aggressive behaviour,irritability, intolerances,loss of energy,loss of interest,shame to be alive,wish to die,lack of concentration,fear,sleeplessness, nightmares,startled reactions,anxiety, panic,depression associated with multiple somatic complaints.

AN INTRODUCTION FROM THE SPONSOR

Dr. Dadfar, after 1 year's imprisonment in Kabul and 1½ years as Afghan refugee in Pakistan, managed to migrate to Germany in late 1981. There he found legal asylum, learned the language, and served as a doctor in a hospital outside Hamburg, where he specialised in psychiatry. Four years later he returned to Peshawar, where his war-torn countrymen were obviously more in need of his services.

With the initial assistance of a Hamburg Committee for Afghan Refugees (Kupfa) and some German doctors, he opened the "Psychiatry Center for Afghans" in Shaheen-Town/Peshawar and soon had increasing numbers of patients but lack of funds. Among the organizations he then approached for support was HELP , whose representative visited the Center in late 86 and reported to Bonn:

"A Psychiatry Center for Afghans is by no means such a luxury as it may be thought by people at home, because many, if not all Afghans, have experienced ill-treatment by the communist government and innocent involvement in the war:
they have been forced to change their traditional behavior and values and to neglect their religion
they have seen their friends and relatives killed
they themselves have been wounded, imprisoned and tortured, and they have fled their homes, fearing not only damage to property and life, but also to dignity and hope.
Indeed many refugees complain about indefinite pains, which are not always symptoms of pneumonia TB or malaria etc, but are of mental origin. Afghan physicians also say that many of their patients' diseases are psycho-somatic disorders. Real treatment may require analysis or group-therapy, but this takes time for each individual and the Russian war against the Afghans has done more destruction than anyone can cope with.
But Dr.Dadfar is attempting the almost impossible: he offers his professional services with a serious approach to those refugees aware of the help available from the psychiatrist, and there are more and more wanting it: in the beginning only a dozen a day, now 4o,5o and 6o (or even 100 in Feb.88), and all need expensive medication and what cannot buy: time.

CASE STORY II

S is 7 years old. She is from province Kunduz, northern area of Afghanistan. She was registered by our Center on 8 June 1987. She migrated to Pakistan on 1 June 1987.

Her father, an ordinary farmer and her family alongwith two families of their relatives had to flee from their homeland. On their way to Pakistan they faced a sudden air-raid.

Four Russian aircrafts bombed Hijgak Pass and her mother and her one year old sister, in her arms, riding on a donkey were killed bitterly with a missile. Another victim is grandfather. S is the eye-witness of this horrible incident. S has not spoken since then.

S exposes doubtful, emotional reactions towards friendly contact and open face. She avoids looking other people in the eye and shows anxiety. She has chosen mutism.

MAIN SYMPTOMS

sleep disturbances,nightmares,sadness
loss of appetite,loss of pleasure
withdrawl,elective mutism,anxiety
looking worried,separation and
acute depressive reactions.

CASE STORY III

A 14 year young from district of Bagrami, Kabul, was taken to our Center, accompanied with his brother on 30 June 1987. He was in 2nd grade of school when 1978 Coup was imposed. His brother,G, joined the general uprising and backed the mujahideen (freedom fighters).

In the latest general house-searching the district of Bagrami was suddenly surrounded (October 1986) by KHAD agents accompanied by the military armoured forces. He was seized and was confiscated alongwith two of his cousins and two neighbours. He was beaten up in front of his family members and his family members were beaten up in front of his eyes. He was transferred then to detention center (Khad-e-Shashdarak).

He was interrogated whereabout of his brother,G, and whom he is supporting. They (KHAD AGENTS) repeatedly enquired and interrogated about his brother and was beaten on his back with wooden sticks. They put him under electric shocks for several times. They gave him sleep deprivation for 20 hours and food deprivation for four days. He was insulted,humilated and was finally threatened to be killed if he refused to talk about his brother.

He remained for one month in interrogation center. He migrated alongwith his family to Pakistan in December 1986, after he was released.

MAIN SYMPTOMS

sleep disturbances(nightmares,sleeplessness).
depressive reactions(sadness,decreased appetite, weakness,loss of pleasure,anxiety,panics and withdrawl with emotional disturbances).

He shows autistic state.

The above symptoms associated with multiple somatic complaints.
Pain in legs,pain in body,abdominal pains.

*****

A BITTER PAST

By Dr. Jan Mohammad Niazi

Of the difficulties faced by the people of Afghanistan in the last ten years, imprisonment has been one of the most common. When someone is arrested in Kabul he will most probably be taken by Khad Agents to Sedarat Interrogation Center in the center of the city. The Sedarat Detention Center consists of 4 blocks. The first block has 12 isolation cells of 1 x 2 meters. The cells have steel doors. The doors have a small window through which food is given to the prisoner. Every cell has its own toilet therefore, the isolated prisoner cannot come out of the cell at all except when he is called out for interrogation.

The second block which is a three storeyed building has a courtyard and 14 cells. There are three cells in the second storey each of them 3 x 3 meters.

This block is usually shown to international delegations and journalists. Of course the prisoners are transferred to other blocks and replaced by Khad Agents who tell the visiting international delegations or journalists that "they are very happy with the general condition of the prison," that "they are able to read, listen to the radio and watch TV or play vollyball" and that "they are never maltreated let alone tortured."

The third block has 14 cells of 2.5 x 3 meters. In each cell they keep 15 prisoners.

The fourth block is for female prisoners and can house 300 prisoners. When the interrogation and torture is over the prisoner is taken to Pul-e-Charkhi. The Pulicharkhi prison, located

20 KM off Kabul city is the largest prison in Afghanistan. The prison has 7 blocks. The first block which is a three storeyed building has a small building for female prisoners. The second block is also a three storeyed building but it has two kind of cells: general cells and isolation cells. The third,fifth,sixth and seventh blocks are all 4 storeyed building with general cells. However, the third block has both general cells and isolation cells.

The Pulicharkhy prison was built in President Daud's rein. Daud was overthrown and killed in 1978 coupdetate' by an aggressive minority which restorted to intimidation and torture in order to suppress its opponents, therefore many people, mainly of the educated elite, were taken to Pulicharkhy and then to the place of execution. They are gone and their stories are not told. There are very few survivors from that era of terror who can tell us of those who lost their lives in despair. In Aug of 1982 when I was prisoner , it was estimated that 5,600 prisoners had been executed without any charge or trial. One of those gone who will not return is my fellow inmate Sayed Mustafa. Sayed Mustafa was a 32 year old man from Paghman,Kabul who was charged with spreading antistate propaganda and distributing night letters. He was arrested by Khad agents in Sep of 1980. He had studied Law at Kabul University. He was first taken to Sedarat and kept there for 8 months. During this period he was subjected to diffierent methods of torture which included beatings,pulling out the hair from his moustaches and eyebrows and electric torture to sensitiv parts of the body. Sayed Mustafa put up with the torture and did not betray anyone. I remember Sayed Mustafa because of his high spirit that made him different from other prisoners. He was always happy. He liked to be a company for those who were bereft of all hope and he always tried to give them inspiration and courage. He had a beautiful voice and sometimes he would sing for the prisoners. He did not want





to see anyone sad. Although these characteristics of his made him different from other prisoners they turned to be harmful to him. All he had done was to distribute some night letters but because of his spirit and his fame among the prisoners the Knad agents could not tolerate him. He was executed in Aug of 1982.

NOTE: Jan MOhammad Niazi,35, from Jelal Abad province had been in prison for 4 years. He was arrested because opposition publications were found at his house during a search. He has spent quite some time in Sedarat and Pulicharkhy and knows many ex-detainees and torture victims. This has enabled him to successfully work with the torture victims coming to the PCA.



Pul-e Charkhi prison consists of several blocks. It was built originally for 5,000 prisoners but Amnesty International believes that the number held there is now well in excess of 10,000.

CASE HISTORY:

By Drs. Zahra

Mrs.N is a 21 year old woman of tajik origin. She is married and has one child. She is a high school graduate from Kabul.She was arrested in 1982 when she was a student of high school and released in 1984. The following account was given by her to the Psychiatry Center for Afghans in an interview carried out on 21 Feb. 1988.

"Almost four years after the Russian invasion in the spring of 1982 when I was a student of Afshar High school,three Khad officials, two men and one women arrested me at school. I was member of one of the Islamic parties. My arrest was made in the morning. At 4.00 O'clock in the afternoon I found out that six of my relatives(my fiance,my father-in-law, two sisters of my fiance,one brother of my fiance and my cousin)were also arrested from different places. I was arrested at school.
My mother-in-law was interrogated at home. She was slapped many times and as a result now she is deaf in one ear. From the school they took me straight to Sadarat. On the way to sadarat I was not maltreated at all. When we arrived to sadarat after 15 minutes the interrogation started. First they started with punching and kicking. There were five or six of them who tortured me in turn. One of my teeth was knocked out the first day. Then they placed me on a chair and started to kick me on my back,thighs and stomach with hard military boots. The first week after my arrest they took me in a jeep to many places in Kabul and asked me to show them houses of my friends

but I did not betray any one. Sometimes they would place very heavy logs - one under my feet and one on back of feet and keep them for 30 minutes. After few minutes bleeding would start. as a result of this all my toe-nails fell off. Burning with lighted cegarettes was another method of torture. They would keep the cigarettes on my skin for 1-2 minutes. Once they put me in a cell that contained water up to my ankles. I was forced to stay there for three days. The first day I was forced to stand on one leg but the other two days I could sit intermittently. Some times they placed me on a chair with electric current and turned the chair round. When it stopped they poured water on me and started to slap me.Electric torture was very terrible. They would put electrodes under my finger nails. All of my fingernails fell off. Sometimes in oreder to entertain themselves the Khad agents would pull out hairs from my eyebrows and my eyelashes with tweezers. After every round of torture they pulled me to another room. The room was full of young boys and girls who were tortured. The condition of them was critical blood was flowing out of their mouth and ears. They were all covered by bruises. Once they took me to a room where there were bodies of those who were killed under torture. It was the most terifying scene I have ever seen. two times they injected a substance to my arm. I lost consciousness and confessed everything. They recorded my confession and sentenced me to death but since I was under 18 they reduced my penalty to two years'impisonment. The interr-ogation lasted for 9 months. I spent the first three months in Shashdarak Khad Detention Center,

six months in Sadarat and the rest 16 months in block 2 of Pul-e-Charkhi. Humiliation and verbal abuse were very common during interrogation The Russians were always present during interrogation and torture but did not participate in torture. The general condition of the prison was very bad. The cells were damp and full of insects. The walls of the cells had spots of blood. We were about 40 prisoners in a small cell. Only twice we could go to the toilet every 24 hours. The water we were given for drinking was not clean. In food we could always find insects. In sadarat our relatives could bring us food and cloths.

In the prison I was always frightened. The first time I went to the toilet there were blood stains on the floor and on the walls. I thought I talked to an old man who patted me on the shoulder and encouraged me not to confess. I think it was an hallucination. Sometime I would hear sounds of crying but they were merely illusions."

As Mrs.N herself says she was in good health before she went to the prisons but now she is suffering from headache,lombago,pain in the legs and panic. She is apathtic and depressed. She has memory disturbances and sometimes she cryies incontrolably. When she recalls her past traumatic experience she manifests panic attacks. Several times she has attempted to commit suicide but has been saved. As a result of the torture inflicted on her she was not able to have a normal child birth and she had to undergo a Caesarian section.

CASE HISTORIES:

By Aryan Negargar

Case I

"three years ago I wanted to go to Chund Shar and visit my parents. It was a fine day when we started our journey. My brother and two of my cousins were going with me. Near Ali Maland bend suddenly the fine day on which I was looking forward to seeing my parents was turned to a day of sorrow,a day of grief and a day of death by the Russians. We had not reached the end of the bend when we heard roar of helicopters. Two helicopters were hovering over us. About 20 Russian officers jumped off the helicopters and surrounded us. My brother and my cousins were shot on the spot before my eyes. The Russian and Afghan officers beat me and took me to Khad detention center of Logar. They started to beat me. During the beatings a blow on my head sent me unconscious. They kept me in the detention center for three days but since I was unconscious they were not able to investigate me. After three days by intercession of the villagers I was released."

This is the story of Mrs. M, a 35 year old woman from Logar who came to the Psychiatry Center for Afghans on Jully,13 1987. She is mother of six children. She is 35 year old but she looks much older. She is depressed,sad and anxious. She is suffering from headache, vomiting,musccular spasm,sleep disturbances and anxiety. She manifests startle reactions,night panics and night terror. She usually has terrible nightmares and sometimes she cries. Her son now aged 14 was arrested when he was a student of 5th grade. He was charged with causing disturbance in the school. He was threatened and beaten to say who was persuading him.

Case II

Nahim, a 13 year old boy from Kandahar came to the Center with his mother on April,02 1987. His mother said that Nahim had been sad and depressed and despaired for the last 2 years eventhough he has always tried to conceal his sadness. Presently Nahim lives with his mother and sister in Nasir Bagh Camp. His mother says that before war Nahim was a happy and bright child. Their house was destroyed in Kandahar and 3 members of his family (father and two

brothers),his uncle and two of his cousins were killed. His relatives were killed before his eyes. He says one of his relatives who was a mujahid was caught."The Russians tied his hands and legs... then they poured petrol on him and burned alive. When the Russians caught my father,first they pulled out his finger nails and then shot him."

These psychological traumas have engraved their black scars in the memory of this child. He is not a happy child anymore. He feels himself responsible for his family and on the other hand knows that he is not able to provide his family what they need,either physically or psychologically. His family recieves Rs.500.- per month from Saudi Arabian Red Crescent with which they have to cover all their expenses. The sad experience of past and the existing social and economical pressures of life have caused him manifest acute reactions to stress such as depression,headache,sleep and memory disturbances,anxiety and irritability. He has terrible nightmares.

MIRMUN - A WOMAN FROM NINGERHAR*

The Afghan resistance war against the Russian invasion entering its seventh year, a lot of depressing evidence concerning the destruction of Afghanistan on a grand scale has been accumulated. Historical buildings as well as common dwellings are being destroyed, every moving object in the countryside becomes a target for bombardment, the Afghan people and their children are mutilated, if not killed by booby traps and landmines. Workshops are beeing torn apart, harvests are being burnt and trees cut in order to deprive the population of all means of livelihood and hence, of possible resistance. A lot of sudden deaths among cattle are registered which can be attributed to the abundant use of chemicals in warfare, the incidenc of birth-defects in Afghanistan has risen dramatically both due to the environmental and psychological impacts of the going war. This picture is confirmed by conversations with numerous refugees and mujahideen from diverse ethnics and geographical backgrounds, and their stories add up to a heartrending tragedy. Instead of attempting to produce statistics, we would like to recount only one, typical, case of a victim of this war in order to illustrate the effect of the overall destruction of Afghanistan on the individuals involved, who are mostly forgotten in the political discussion concerning this area.

AMNESTY INTERNATIONAL

CAMPAIGN FOR THE ABOLITION OF TORTURE



A P P E A L

ALL HUMAN BEINGS are born free and equal in dignity and rights.

THIS is the historic promise of the Universal Declaration of Human Rights, proclaimed by governments in the United Nations 40 years ago.

WE, the undersigned, add our names to this great declaration, demanding that it be respected by all governments throughout the world.

IN COUNTRY AFTER COUNTRY even the right to speak up in defence of human rights is being crushed. Thousands have been jailed and tortured for demanding and exercising their rights. Many have "disappeared" or been killed.

THESE ABUSES MUST STOP. We call on all governments to ratify the world's human rights treaties, to bring their own laws and practices into line with them and to act to protect human rights worldwide.

ON BEHALF OF THE VICTIMS who have been seized and silenced, we appeal to every government and to the United Nations to protect all those, wherever they may be, who raise their voices in defence of human rights.

PUT YOUR SIGNATURE AND ADDRESS HERE AND ENCOURAGE YOUR FRIENDS AND COLLEAGUES TO SIGN AS WELL

1. NAME ______________________________

ADDRESS ______________________________

Dr.Dadfar's work is motivated by his own concern, which all can feel and which generates trust in the refugee-patients. He regards the situation as a professional challange and is personally intrested as well."

HELP therefore began support of the Psychiatry Center in April 87 with 65.700 Rs/month, to cover all expenses like house-rent, medicines, stationary, and salaries for the then 13 staff-members. Later Amnesty International and the United Nations made generous donations for some special-programmes for victims of torture. In the new 88-budget HELP has provided a vehicle and increased its monthly fundings to over 100.000.- Rs, because of their confidence in Dr.Dadfars sincerity, the increase in patients and improvement of services, including campvisits and the presentation of this bulletin:

The hundreds of Afghan traumatic experiences which are collected in the records of the Psychiatry Center, are personal expressions of the present sad chapter in Afghan history. This documentation is therefore not only a report on the activities of the Psychiatry Center but, more important, sets out to bear witness to the Afghan people's hardship at the hands of their narrowminded and cruel 'liberators'. It may also contribute to a better understanding of the Afghans' struggle for freedom and peace at home, and remind us, how luxurious some of our own political discussions and 'psychiatric problems' are.

Dr. Lorenz L. Göser
HELP-representative



HELP is a German relief organization, founded in 1981 to support Afghan refugees. In the board are members of parliament from all parties. The money comes from private donations, fund-raising appeals, and the German Foreign Ministry. yearly over 2 million DM are spent on 10 projects from and for Afghan refugees, with some other occasional beneficiaries.

The HELP head-office is located at 53 Bonn 1, Kaiserplatz 3, and there is a HELP representative in Peshawar, P.O.B. 912.

Mirmun is from Ningerhar. She is about forty years old, but looks a lot older. For the past month she has been staying at the refugee camp Nasirbagh where she has been waiting for rations in vain so far. Mirmun's husband who was a small farmer by profession, died of a natural cause shortly before the Saur Revolution of 1978. After his death Mirmun's oldest son (ca. 12 years old at that point) became the provider of the family. With the increasing resistance against the Communist government, this boy, however, decided to work for the mujahideen. As he was too small to hold a gun yet, he catered for them. One day a year ago, when carrying food and fruit from his village to the camp of the mujahideen, he was killed by a landmine. In December, 1985 Mirmun's native place was turned into rubble during a Russian air raid. Panicking, she fled together with the other villagers to the nearby Pakistani border, losing her two elder children (7 and 9 years old) in the confusion.

Having secured her two children, mirmun got ready to search for the two others. But to her dismay she found that the way to Afghani stan was closed due to tribal disturbances in the North West Frontier Province of Pakistan. And that a return to her native place would not be possible in the near future. All her inquiries among other refugees from that area have not revealed anything about their whereabouts or their fate. Having been unable to fulfil her role as a mother, Mirmun is overcome by stroung feelings of guilt and incapability. She has lost not only the place but also her family. Overcome by this accumulation of tragic events, Mirmun is swept away with pessimism. Although she does not consider suicide every kind of life seems like death to her (Har shiwa-yi zendagi marg ast). He traumatic state of mind is accompanied by multiple somatic complaints like cardiac weakness, pain in the limbs, insomnia and lack of appetite. Her repeated nightmares of torrents of turbid water sweeping away every-thing reflet her feelings of uprootedness, her sense of loss.

During our first conversation Mirmun after often interrupts her account and lapses into an apathic state and site motionless with an expressionless face. The thought of her own tragic fate being unbearable for her, she feigns indifference and refuses to answer further questions. "Forget about it" (Gomash kon).





The next time I meet her she seems to be more eager to talk me, may be because she feels more confident in my presence. However, she appears to be incapable of gathering her thoughts. Sometimes she even has difficulties remembering the names and respective ages of her children. She gives the impression of having lost all threads keeping the fabric of her life together. Then again she reacts very impatiently to small interruptions. This tendency is even stronger during our third conversation. Her sudden reaction and her extreme impatience form a marked contrast to her otherwise motionless pose and her apathic face. She is extremely depressed and overcome with anxiety. In addition to her worries about her two children she does not know how to provide for the two younger ones in the strange Pakistani surroundings. Partly her impatient reactions are caused by her helplessness, also in our conversation. She is not looking for somebody to only listen to her complaints, but she needs practical help, which we are unable to offer.

The severe trauma of her involuntary emigration and the tragic events accompanying it have put Mitmun in a state of psychotic depression (caused by strong external stresses) and of paralysis. She herself is aware of the source of her ailments, as at the end of our second conversation she tells us, "I myself know that my illness is the illness of worrying" (khodam mifaham ke maraz-i man marz-i apreshani ast).

Needless to add that the ongoing war has created numberless cases resembling that of this forlorn forty-year-old woman. What will happen to these millions of people the ship of whose life has capsized and is floating helplessly in an ovcean stirred by oversize relentless political forces? Many of them have made it clear that they would have preferred sudden, violent death to the humiliating refugee existence.

*) Name has been changed to protect the individual concerned.





"REFUGEE CAMPS AND TORTURE VICTIMS"

C O N T E N T S

BY

M.A. Dadfar (M.D) Psychiatrist
Director
Psychiatry Center for Afghans

PREFACE

Torture means breaking down of human resistance limits, whether physical or mental, to drive the victim beyond desparation point in order to extract confessions. The act of torture is a challenge between the torturer and the tortured, likely to continue till one side approaches the decision to give up. The torturer will give up at the point where he realises that the victim has nothing to divulge, or he is determined not to divulge his secrets and if the torturer continues the act the victim will be killed.

It is a challenge between the brutality and human dignity. There exist two poles, one side the torturer and his brutality and on the other side the suffering and dignity of the victim. The resistance of the victim against the act of torture is not just safeguarding the secrets but also a protest of human dignity and innocence. The victim strives to concentrate all his human energies to adjust his defence mechanism precisely. Of course, the victims strength of consciousness and psychological stamina play a determined factor.

The use of torture and intimidation is the result of ideological intolerance which dehumanizes both the torturer and the tortured. Such intolerance does not recognize the humanity of those with different ideas, doesn't recognize the right of all human beings to life and liberty, and tries by the use of torture and intimidation to force people to give up their basic human rights.

The use of torture and intimidation is typical of cowardly bullies who have no confidence in the rightness of their own policies; it shows their fear of free thought and of free choice; it reveals the baseless and shaky ideology of such dictatorships which are opposed to human reason and understanding.

If having a belief is a natural human right, the one who is tortured for his way of thinking, his resistance against force is a brave legal action. His resistance is admirable and defendable.

Contd.....p/2

A prisoner who had been detained in Pul-e-Charkhi for five years says: " I did not have very important information to conceal. I was innocent (even for the enemy) but I did not want to speak. I chose to keep silent. I was subjected to terrible torture. I suffered a great deal. The torture was beyond the limits of normal human resistance but I bore it because I think my resistance to torture was a resistance to tyranny and to the suppression of free thought and free speech. I chose to resist torture and I considered my resistance a small part of the resistance of my people to invasion."



REPORT

From January,1986 to February 21,1988 the Psychiatry Center for Afghans (PCA) has received 406 victims of torture for treatment and psychiatric consultation. All of these victims had been prisoners of conscience in Afghanistan. Most of them had been sent to jail between April,1987 and January,1988 and subjected to different physical and mental torture. The shortest period of imprisonment was 15 days while the longest could be beyond 7 years. The average period of imprisonment of these 406 prisoners was 32 months. All of these prisoner are Afghan and they belong to different social classes and ethnic groups. Among them there are 21 teenagers (all them were under 18 when subjected to torture) and 11 women. At the time of torture the youngest victim was 12 and the oldest was an eighty year old man. The average age of the victims of torture now is 32. 72% of the victims are married and 28% of them are un-married. 48% of them have been in Kabul detention centers while the remaining 52% have spent their imprisonment in different detention centers all over the country. 84% of these victims came to the PCA themselves and 16% of them were referred to us by different health centers working for the refugees. 66% of the victims interviewed by the PCA mentioned that the arrests had been made at midnight by Khad and armed forces. In most of the cases members of the family including children have also been physically maltreated. The remaining 34% either have been arrested at work or during house-searches etc. Some of these victims,usually those who were deserters of the military service, have been arrested during military operat

Out of these 406 victims 57 of them said that they had been sent to the prison more than once. At present these victims of torture live in the refugee camps located in North West Frontier Province and other areas including Quetta or they are visiting Peshawar between intervals of some months.

All the interviews have been carried out in one of the three,Persian,Pashtu and Uzbaky languages.

We do not have accurate information regarding the involvement of doctors and other medical personnel in ill-treatment of the victims of torture.

Only few cases indicate involvement of doctors and medical personnel who neglected their professional morality.

FACTS

The view of Amnesty International regarding torture of political prisoners is as follows:

"Political prisoners in Afghanistan face widespread and systematic torture. The testimonial of many former detainees and others show that torture is inflicted in detention centers run by the Afghan state information Services, throughout the country, and that Soviet personnel are often present during interrogation under torture.

This is a consistent pattern: detainees are routinely beaten during the early stages of interrogation, beatings often continue throughout the times in custody and may be accompanied by electric shock torture, sleep deprivation, exposure of exterme cold, near suffocation and other physical abuses. The victims include government officials, teachers, students and shopkeepers. Many are women.

Despite the difficulties of obtaining information, this report includes over a dozen detailed accounts of torture in Afghanistan. It spells out steps which should be taken by both Afghan and Soviet authorities to stop this abuse."(1)

In Afghanistan the government keeps the prisoners under torture for unspecified periods before bringing them to trial. They also detain individuals for long times without trial and in most of the cases the family know nothing of the whereabouts of the detainees. Military courts are responsible for regulating the prisons and for sentencing the prisoners. Unfortunately despite the endeavours made by international organizations such as Amnesty International, United Nations etc., little is known about the condition of the prisoners of conscience in Afghanistan.

"The situation in Afghanistan has made the collection and verification of information relating to Amnesty International's concerns difficult. Official sources provide almost no relevant information, and the Afghan news media are wholly government-controlled. Foreign journalists who have been granted official

THE IMPAIRED MIND



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